

# Foster Family Home - Corrective Action Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA

Review ID: 2-190047-1

96-3065 Pikake Street

Reviewer: Carol Copeland

Pahala HI 96777

Begin Date: 6/5/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

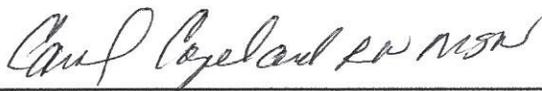
Home inspection performed to certify two client home. Home not in compliance on day of inspection. Corrective Action report issued with plan of correction due to CTA by 7/5/19.

## Foster Family Home Personnel and Staffing [11-800-41]

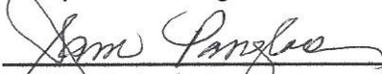
41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) No substitute care giver documentation in home binder.

  
\_\_\_\_\_  
Compliance Manager

6/12/19  
Date

  
\_\_\_\_\_  
Primary Care Giver

06/12/19  
Date

**Community Care Foster Family Home (CCFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454**

CCFH Name: SAM PANLAD

CCFH Address: 96-3065 PIKAKE ST. PAHALA, HI 96771

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.6a)(4)	OBTAINED A SUBSTITUTE CARE GIVER AND PUT THE REQUIRED PAPERS IN MY HOME BINDER.	06/11/19	Will keep my substitute caregiver and the papers in my home binder.

Primary Caregiver's Signature: 

Print Name: SAM PANLAD

Date of Signature: 06/12/19